

**Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006  
Community Based Residential Facility  
CLASS CNA (NONAMBULATORY)

STATE OF WISCONSIN  
Bureau of Quality Assurance  
P.O. Box 2969  
Madison WI 53701-2969

**Facility Information**

**Facility Name:** MT WASHINGTON RESIDENCE (510142)

**Address:** 1930 CLEVELAND ST, EAU CLAIRE, WI 54703

**License Status:** REGULAR

**Licensed/Certified/Registered** 02/01/1989

**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History**

**Survey ID:** 0095996      **End Date:** 11/16/2005      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0093763      **End Date:** 11/24/2004      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #10009799    Served 12/10/2004

Deficiencies Cited

12.07(3)

83.33(3)(e)2.b

83.33(3)(e)4

83.43(3)(b)1

Subject Area

RESIDENCY OR SIGNATORY CHANGE

INJECTIONS

UNIT DOSE OR UNIT TIME PACKETS

TESTING BY SERVICE COMPANY

Compliance  
Verified

Corrected

**Survey ID:** 0093045      **End Date:** 07/19/2004      **Type:** OTHER      **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Survey ID: 0091921      End Date: 01/30/2004      Type: OTHER      Purpose: COMPLAINT**

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #10006337    Served 02/04/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.51(1)(h)	WATERTIGHT, RODENT-PROOF & WEATHERTIGHT	07/29/2004	Yes

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**Survey ID: 0091653      End Date: 10/31/2003      Type: OTHER      Purpose: COMPLAINT**

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Survey ID: 0090558      End Date: 06/23/2003      Type: OTHER      Purpose: COMPLAINT**

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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For the period 06/01/2003 to 05/31/2006  
Community Based Residential Facility  
CLASS CNA (NONAMBULATORY)

STATE OF WISCONSIN  
Bureau of Quality Assurance  
P.O. Box 2969  
Madison WI 53701-2969

**Enforcement History**

**Date:** 02/03/2004      **SOD #**10006337      **Appealed:** Yes      **Decision:** STIPULATION

Sanctions

OTHER SANCTION

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For the period 06/01/2003 to 05/31/2006  
Community Based Residential Facility  
CLASS CNA (NONAMBULATORY)

**Complaint History**

**Date Complaint Received: 10/31/2005**

**Date Investigation Completed: 11/16/2005**

Subject Area(s)  
PROGRAM SERVICES

Result  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 01/27/2004**

**Date Investigation Completed: 01/30/2004**

Subject Area(s)  
PHYSICAL PLANTS & SAFETY HAZARDS

Result  
SUBSTANTIATED

SOD #  
10006337

**Date Complaint Received: 10/08/2003**

**Date Investigation Completed: 10/31/2003**

Subject Area(s)  
PROGRAM SERVICES

Result  
NOT SUBSTANTIATED

SOD #

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